

COMMUNITY CHOICES WAIVER PARTICIPANT DIRECTION EMPLOYER AGREEMENT

Participant direction is an optional service delivery method that offers participants of the Community Choices Waiver (CCW) an alternative to receiving services through traditional provider agencies. Participant direction means the participant (or their guardian/legal representative or designated employer of record, as appropriate) is granted decision making authority over certain waiver services and accepts the responsibility for taking a direct role in managing them.

By signing this form, I acknowledge that:

- 1. I have received and read the Participant Direction Employer Manual.
- 2. I understand and agree to comply with the guidelines of the Participant Direction Employer Manual, as revised or updated in the future.
- 3. I understand that non-compliance with the CCW program standards may result in disciplinary action up to and including involuntary termination from the participant-directed service option.
- 4. I understand that I serve as the legal employer, and I do not have the authority to assign or delegate the employer duties and responsibilities to another person or entity.
- 5. I am responsible for managing services within the authorized participant-directed budget. I understand that timesheets submitted in excess of the authorized budget will not be paid by the Financial Management Services (FMS) agency.
- 6. I shall not represent myself as an employee or agent of the State of Wyoming or the FMS agency.
- 7. I may be held personally responsible under applicable state and federal laws for any fraudulent, false, or misleading claim that I make or present to Wyoming Medicaid, and may be responsible for repayment of any funds.

SIGNATURE AND ACKNOWLEDGMENT

Employer of Record Signature and Date
Employer of Record Name Printed
Participant/Legally Authorized Representative Signature* and Date
Participant/Legally Authorized Representative Name Printed

*If a participant has a legally authorized representative who has decision-making authority, they must sign the form and present documentation of guardianship or legal representation.

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